

Case 1:13-md-02419-RWZ Document 394-1 Filed 08/15/13 Page 1 of 3

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

)
IN RE: NEW ENGLAND) MDL No. 1:13-md-2419-FDS
COMPOUNDING PHARMACY, INC.)
PRODUCTS LIABILITY LITIGATION)
)
This Document Relates To:)
)
All Actions)
)

)

NECC MEDIATION PROGRAM
PARTICIPATION NOTICE AND AGREEMENT

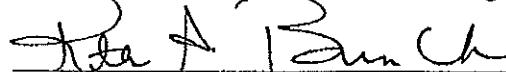
The undersigned hereby give(s) notice that he, she, or it is agreeing to participate in the NECC mediation program as set forth by the Court's Order on Mediation Program of August 15, 2013, entered in *In re New England Compounding Pharmacy, Inc., Products Liability Litigation*, MDL No. 1:13-md-2419-FDS ("the MDL").

By executing and filing this Participation Notice and Agreement in the MDL, the undersigned hereby stipulates, agrees, and covenants to the terms of, and agrees to be bound by, the provisions of the Court's Order on Mediation Program.

Case 1:13-md-02419-RWZ Document 394-1 Filed 08/15/13 Page 2 of 3

IN WITNESS WHEREOF, and intending to be legally bound hereby, the undersigned

execute this Participation Notice and Agreement as their voluntary act.



Signature

Name: Rita Bunch
High Point Regional Health

Title of person signing, if on behalf of an organization:

Vice President

Contact information:

Address: 601 N. Elm St.
High Point, NC 27261

Email: rbunch@hprhs.com

Phone Number: 336-878-6550

Names of facilities operated or associated with, if applicable:

High Point Surgery Center

Name, firm name, address, phone number, and email address of attorney representing participant in mediation:

Terrill J. Harris
Smith Moore Leatherwood, LLP
300 N. Greene Street, Suite 1400
Greensboro, NC 27401
terri.harris@smithmoorelaw.com

(Attach additional pages if necessary)

Unaffiliated Non-Debtor Claimant Affiliate Joinder

Signature

Name:

Title of person signing, if on behalf of an organization:

Contact information:

Address:

Email:

Phone Number:

Names of facilities operated or associated with, if applicable:

Name, firm name, address, phone number, and email address of attorney representing participant in mediation:

(Attach additional pages if necessary)